

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005672	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/15/2016
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MAGNOLIA MANOR SHELTER CARE HM

**1100 GRANT
ELDORADO, IL 62930**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Investigation #1651968/IL84740			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations</p> <p>330.790a)b)</p> <p>330.1110f)</p> <p>330.1130 c)</p> <p>Section 330.790, Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Code of Communicable Diseases Code(77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code(77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>Section 330.1110 Medical Care Policies</p> <p>f) The facility shall notify the physician of any accident, injury, or unusual change in a resident ' s condition.(A,B)</p> <p>Section 330.1130 Communicable Disease Policies</p> <p>c) All illnesses required to be reported under the control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). The facility shall furnish all pertinent information relating to such</p>			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>occurrences. In addition, the facility shall also inform the Department of all incidents of scabies and other skin infestations. (Source: amended at 29 Ill Reg 12891. effective August 2, 2005)</p> <p>These regulations were not met as evidenced by: 1 of 3 Based on interview, observation, and record review, the facility failed to establish and implement comprehensive policies and procedures for investigating, controlling, and preventing infections. This failure has the potential to affect all 41 residents currently living at the facility. 2 of 3 Based on interview, observation, and record review, the facility failed to notify a resident's physician of bedbug bites and infestation in one potentially immunocompromised resident(R2) of three residents reviewed for bedbug infestation in the sample of three. 3 of 3 Based on interview and record review, the facility failed to notify The Illinois Department of Public Health(IDPH) and the local health department of an infestation of bedbugs. This failure has the ability to affect all 41 residents living at the facility.</p> <p>Findings include: On 04/14/16 at 10am, E1, Administrator, stated, "We've been fighting bedbugs since November of 2015. Initially we had them on only one hall. (A national pest company) came out and sprayed and treated all the rooms on that hall. That seemed to take care of it, until we saw some on the other hall in late February or early March of 2016. The pest company told us the whole</p>	S9999		

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S9999	Continued From page 2 building needs to be treated, but the owner of the facility said it was too expensive and we would have to treat it on our own, so I went out and bought bedbug spray and powder out of petty cash. E1 further stated "both hallways of the facility are currently being treated by the staff for bedbug infestation, and the following rooms are currently infested or are known to have had recent infestation: West Wing: rooms 2, 6, 7, 8, and 11. East Wing: rooms 15, 17(vacant), 20, and 22." E1 stated "there are no policies, procedures, or systems in place to identify or track infectious diseases for either residents or staff, and that the facility does not have a Quality Assurance Committee nor Infection Control Committee." E1 stated "she is not familiar with treatment protocols for bedbug infestation, and stated, "I have been using common sense." On 04/14/16 at 9:05am, E2, Housekeeper, when asked how bedbug infested rooms are to be cleaned, stated, "Take all the stuff out of the room I guess? I don't know." On 04/14/16 at 9:10am, R2 was observed in the dining room with multiple reddened areas on his left forearm, too numerous to count. On 04/14/16 at 9:10am, R2 stated, "These places on my forearm are bedbug bites." E1 stated On 04/14/16 at 10am "R2 is a known carrier of Methycillin Resistent Stapylococcus Aureus and Diabetic." On 04/14/16 at 9am, a bedbug was seen crawling on R1's mattress. On 04/14/16 at 9:15am, dried blood and insect feces were observed on R2's mattress. On 04/14/16 at 9:20am, a white powdery filmy substance was noted on West Wing and East Wing hallways, about halfway up the wall. On 04/14/16 at 9:30am, an empty insect trap was observed attached to R3's headboard. A Monthly Resident Location List dated 04/14/16 showed a current census of 41 residents. There	S9999			

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S9999	<p>Continued From page 3</p> <p>was no documentation on the face sheet about R2 having a diagnosis of MRSA. A 1/4 page "Communicable Disease Policy" document dated 03/09/11 and a 1/2 page undated "Infection Control Protocol" document were reviewed. Neither document contained any information about the requirements of the Control of Communicable Diseases Code or the Control of Sexually Transmissible Diseases Code.</p> <p>On 04/14/16 at 10am, E1, stated staff noticed bug bites on R2 on 4/1/16. E1 stated R2 is Diabetic and a carrier of Methycillin resistant Staphylococcus Aureus. (MRSA). E1 stated, "I am pretty sure I called (R2's) physician on 4/1/16 when we first noticed the bites, but i didnt write it down." On 04/14/16 at 12:30pm, Z2, R2's physician, stated he was not made aware that R2 had bedbug bites until the morning of 4/14/16. Z2 stated his expectation would be that the facility would notify him immediately, especially since R2 is Diabetic and a carrier of MRSA.</p> <p>On 04/14/16 at 2:30pm, Z1, Registered Nurse Consultant, stated "This facility is a shelter care, not a nursing home, so we aren't required to have an infection control program."</p> <p>In R2's medical record, a Face Sheet dated 09/23/14 listed a diagnosis of Diabetes. No documentation was found to indicate the facility had contacted Z2.</p> <p>On 04/14/16 at 10am, E1, Administrator, stated that she had not notified IDPH nor the local health department that the facility has a bedbug infestation. On 04/14/16 at 2pm, Z3, local health department Infection Control Program Manager, stated the facility has not contacted him about the infestation.</p>	S9999		

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